2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L00000008306

1. Entity Name MCH PEDIATRIC CARDIOLOGY, LLC

Principal Place of Business

3100 SW 62ND AVENUE MIAMI, FL 33155

Mailing Address

3100 SW 62ND AVENUE MIAMI, FL 33155

FILED

Apr 26, 2006 08:00 AM

Secretary of State

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04182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1023909 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE, Registered Agent signature required when reinstating?

Filing Fee is \$50.00 Due by May 1, 2008

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET AUDRESS CITY-ST-ZIP	D HAMMERAN, KEVIN		
TITLE NAME STREET ADDRESS CHY-ST-ZP	D ROZEK, THOMAS 3100 SW 62ND AVNEUE MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKHEIM, RICHARD MD 3100 SW 62ND AVNEUE MIAMI, FL 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shalf have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empewered to exactle this report as required by Chapter 608, Florida Statutes.

Thorras

LOSE

Ext 2556

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

TAGING MEMBER, OR AUTHORIZED REPRESENTATIVE